DoD

Defense Manpower Data Center

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Defense Enrollment Eligibility Reporting System/Military Health System

Data Conversion Specifications For the TRICARE National Enrollment Database Solution

Prepared for the
Office of the Undersecretary of Defense
(Personnel and Readiness)
and the
Defense Manpower Data Center

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1. Scope

1.1. Purpose

This document defines the data conversion specifications for the TRICARE National Enrollment Database (NED) Solution.

1.2. TRICARE NED Overview

The Defense Manpower Data Center (DMDC) has been tasked to perform an architectural redesign of the Military Health System (MHS) TRICARE information system. This effort will be accomplished via the Defense Enrollment Eligibility Reporting System (DEERS), the MHS eligibility and enrollment database.

DMDC and the TRICARE Management Activity (TMA) have created two documents that address the entire redesign of MHS TRICARE requirements needed for DEERS to attain full operational capability (FOC): the Interface Operational Description (IOD), and the External Interface Specifications (EIS). Full operational capability for the redesign will be implemented in Fiscal Year (FY) 2001 and FY2002. However, in order to provide health care portability by August 2000, an interim step towards full operational capability has been proposed, called the TRICARE NED Solution. The requirements for implementing the TRICARE NED Solution are:

1. To support as much TRICARE portability as possible, as quickly as possible, no later than 7 August 2000.
2. To minimize changes to the Managed Care Support Contractors (MCSC) and TMA systems, in order to reduce the level of effort and the timeline for implementation.
3. To provide a subset of the final systems solution so that the TRICARE NED Solution completes the first phase of the complete redesign as described in the DEERS 3.0 IOD, version 13.1.

The DEERS 3.0 redesign is a large and extensive project that will affect numerous information systems that support TRICARE. The decreased scope of the TRICARE NED Solution affords the opportunity to analyze and refine the Full Operational Capability Solution through prototyping. To this end, the TRICARE NED Solution release will include the following.

1. Centralization of TRICARE enrollment information into the NED that will include enrollment programs, enrollment dates, and fees.
2. A centrally developed enrollment client platform that will standardize enrollment information. This platform will be provided to all organizations and sites that perform TRICARE enrollments. The client application is the DEERS Online Enrollment System (DOES).

1.3. TRICARE NED Data Conversion Overview

The TRICARE NED data conversion will centralize data from previously isolated entities in order to provide portability of health care. Data for the TRICARE NED data conversion will come from the following sources: DEERS old eligibility, DEERS 2.0, the MCSCs, and Vector Research. These entities hold the following data to be converted.

- DEERS 2.0:
  - Person
  - Personnel
  - Benefits
- DEERS Old Eligibility:
  - Current Alternate (Alt-) Care
  - Alt-Care History
- MCSCs:
  - Individual Enrollment
  - Primary Care Manager (PCM) Assignment
  - Family Policy
  - Fee Payment
- Vector Research
  - Defense Medical Information System (DMIS)
  - Region

Data from these sources will be reconciled, converted, and migrated into the appropriate tables in the Medical Satellite database of DEERS 3.0.

Given the complexity of the task, it is assumed that the migration to DEERS 3.0 will require multiple iteration of conversion program prototypes during each stage of testing. This is typical for data conversion – repeated cycles of producing export files, reconciling and converting the data, diagnosing errors, generating an error file, researching exceptions, and cleaning up the data. As each iteration progresses, changes may need to be made to program logic to respond to knowledge gained in the detailed analysis of the results. The MCSCs and CHCS will be responsible for supporting this process by providing test files and researching errors.

Within each iteration, the migration task can be broken down into the following phases:

- Export Phase
- Reconciliation Phase
- Conversion Phase
- Import Phase

1.3.1. Export Phase

The Export Phase involves the export of existing data to sequential files. The format of these sequential files will be defined by DEERS and are documented in Appendix 9.2. These export files contain the data to be converted, though at this point still in its old format. Since the export files serve as input to the conversion process, they will hereafter be referred to as input files.

1.3.2. Reconciliation Phase

Each input file will be examined to ensure data validity. This is the first step in the Reconciliation Phase. If necessary, a Master Key file will then be used to associate each record with the appropriate DEERS 3.0 key. Finally, data from the multiple sources will be compared against each other to reconcile any differences between systems.

1.3.3. Conversion Phase

In the Conversion Phase, existing data will be mapped field by field to the table formats of the new database. Each data element will be evaluated to determine its place in the new system. This may require a conversion or a direct move. Some conversions will entail translating an existing valid value to a new valid value. Others will involve combining current fields into one new field, or splitting one current field into several new fields.

The conversion programs will take the sequential files generated in the Reconciliation Phase, perform any necessary conversions, and migrate the data to sequential load files that replicate, in form, the relevant Oracle tables in DEERS 3.0. In addition to creating the import files, the conversion/migration programs will generate both error files and statistical reports that will be used to research any problems that arise with the data.

1.3.4. Import Phase

The Import Phase involves loading the sequential load files into the Oracle tables in DEERS 3.0. After loading, the data will be validated using structured query language (SQL) scripts.

1.4. Objective

The objectives of this task are:

- To validate the enrollment data stored in DEERS old eligibility and the MCSC systems.
- To reconcile the enrollment data stored in the MCSC systems with the enrollment data stored in DEERS old eligibility.
- To merge the medical data stored in DEERS old eligibility, DEERS 2.0, and the MCSCs, and convert it to its new format in DEERS 3.0 from its existing formats.

2. Referenced Documents

"Technical Specifications for the TRICARE National Enrollment Database Solution Version 5," dated March 2000.

"Data Dictionary for the TRICARE National Enrollment Database Solution Version 2," dated March 2000.

DEERS Data Model, "DEERS 3.0," dated November 18, 1999.

DEERS Data Model, "Medical Satellite Database, Version 30Q," dated February 10, 2000.

"DEERS/Medical Interface Operational Description Version 13.1," dated November 5, 1999.

"DEERS/Medical System/Subsystem Requirements Specification," dated September 1998.

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3. Data Source

The following describes the input files for the TRICARE NED data conversion. The specific file layouts are shown in Appendix 9.2.1.

3.1. Alt-Care Input File

The DEERS files from the DEERS old eligibility database are stored at the Electronic Data Systems Corporation (EDS) Auburn Hills Service Management Center (AHSMC) in Virtual Storage Access Method (VSAM) format. These files store data in three types of records: sponsor, dependent and address. The conversion process requires only the person identification and current Alt-Care information found on the sponsor and dependent records. Data from these files will be extracted, merged, and sorted into one sequential file, the Alt-Care input file, and downloaded to the UNIX machine.

3.2. Alt-Care History Input File

The Alt-Care History file from the DEERS old eligibility database is stored at the AHSMC in VSAM format. Each time a person enrolls in a new Alt-Care plan or changes the DMIS from which they receive care, a new Alt-Care History record is created for the beneficiary. The old Alt-Care information is moved to this Alt-Care History record and the new Alt-Care information is stored in the beneficiary's DEERS record. If a person disenrolls without reenrolling, the disenrollment date is entered on the DEERS record, but no record is created in the Alt-Care History file until he or she enrolls in a new plan. The Alt-Care History records will be written to a sequential file, the Alt-Care History input file, and downloaded to the UNIX machine.

3.3. Master Key File

DEERS 2.0 contains several cross-reference tables that associate the various keys used within DEERS that uniquely identify a person. These cross-reference tables will be used to create the Master Key file. The Master Key file will contain information that will allow the conversion programs to associate the keys on each input file with their associated DEERS Identifiers. There will be one record for each DEERS Identifier. Along with the DEERS Identifier, each record will contain the fields that are used as a key for DEERS old eligibility, DEERS 2.0, and the MCSCs. The Master Key records will be written to a sequential file and downloaded to the UNIX machine.

3.4. Direct Care Benefit Input File

The Direct Care (DC) Benefit table in DEERS 2.0 stores a complete record of each beneficiary's entitlements to Direct Care benefits. The benefits determination module creates the records in this table. Each time a data element changes and affects a person's Direct Care entitlements, the benefits determination module runs and adds a new record to the DC Benefit table. The DC Benefit records will be written to a sequential file and downloaded to the UNIX machine.

3.5. Civilian Health Care Benefit Input File

The Civilian Health Care (CHC) Benefit table in DEERS 2.0 stores a complete record of each beneficiary's entitlements to Civilian Health Care benefits. The benefits determination module creates the records in this table. Each time a data element changes and affects a person's Civilian Health Care entitlements, the benefits determination module runs and adds a new record to the CHC Benefit table. The CHC Benefit records will be written to a sequential file and downloaded to the UNIX machine.

3.6. MCSC Individual Enrollment Input Files

The MCSC Individual Enrollment input files will be sequential files containing current or future enrollment information that is stored at the individual level, including beneficiaries' identification information, enrollment begin and end dates, and PCM assignments. There will be one record for each individual who is currently enrolled or whose enrollment begins in the future. The only exception to this is if an individual currently enrolled has a new PCM assignment that takes effect in the future. In this case, two records will be included for the beneficiary, with all of the information identical, except for the PCM information. The MCSCs will create one MCSC Individual Enrollment file for each contract. The MCSCs will be responsible for reconciling enrollment data within each contract. This reconciliation will include joining separate individual enrollments into one family enrollment. The MCSCs will transfer the MCSC Individual Enrollment files to the UNIX machine.

3.7. MCSC Fee Payment Input Files

The MCSC Fee Payment input files will be sequential files containing family enrollment and fee payment information. This includes the sponsor's identification information, the family's enrollment begin and end dates, and the fee payment amount. There will be one record for each fee payment associated with the family's current enrollment or future reenrollment. If a family has no fee payments for their current enrollment, the MCSCs will include one Fee Payment record with the family enrollment information populated and the fee payment information left blank. The MCSCs will create one MCSC Fee Payment file for each contract. The MCSCs will be responsible for reconciling their family enrollment and fee payment data. This reconciliation will include joining separate individual enrollments into one family enrollment and applying all fee payments to this enrollment. The conversion will accept MCSC Individual Enrollment records for beneficiaries enrolled in TriCare with an Alt-Care Flags of 'A' and 'D'. However, do not accept MCSC Fee Payment records for these beneficiaries. The Fee Payment record should go to the Individual Enrollment records with Alt-Care Flags of 'E', not 'A' or 'D'. The MCSCs will transfer the MCSC Fee Payment files to the UNIX machine.

3.8. Vector Research DMIS File

The Vector Research DMIS file is available to download from Vector Research using FTP. This file is a comma-delimited file that contains a record for each DMIS, along with information about that DMIS. Each time the conversion is run, either for test or production, the current version of this file will be downloaded to the UNIX machine.

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4. Data Target

This section describes the output files for the TRICARE NED data conversion. The specific file layouts are shown in Appendix 0.

4.1. DEERS 3.0 Load Files

The DEERS 3.0 load files will be created on the UNIX machine and populated during the Conversion Phase. When the Conversion Phase is complete, each load file will be imported into its respective table in DEERS 3.0. Each load file will include all of the fields required to add a record to its respective table. The following load files will be created:

- Medical Beneficiary Load file
- Health Care Delivery Program (HCDP) Load file
- Assigned HCDP Load file
- HCDP Enrollment Management Contractor (EMC) Load file
- PCM Selection Load file
- HCDP Policy Enrollment Period (PEP) Load file
- HCDP Fee Payment Load file

4.2. MCSC Individual Enrollment Output Files

The MCSC Individual Enrollment output files will be created on the UNIX machine and populated during the Reconciliation Phase. These files, one per contract, will contain all valid MCSC Individual Enrollment input records, including records that were altered during the conversion process. Each record will include all of the fields from the MCSC Individual Enrollment input file, along with the DEERS Identifier, Patient Identifier, PCM Region Code, and flags to indicate if fields have had their data changed. When the conversion to DEERS 3.0 is complete, these output files will be made available for the MCSCs to download, so they can reconcile their data with the changes made during the conversion.

4.3. MCSC Individual Enrollment Error Output Files

The MCSC Individual Enrollment Error/Change output files will be created on the UNIX machine and populated during the Reconciliation Phase. These files, one per contract, will contain all MCSC Individual Enrollment records that contained an error. Each record will include all of the fields from the MCSC Individual Enrollment input file, along with the DEERS Identifier, Patient Identifier, PCM Region Code, flags to indicate if fields have had their data changed, and an error code[1]. When the conversion to DEERS 3.0 is complete, these output files will be made available for the MCSCs to download, so they can reconcile their data with the changes made during the conversion.

[1] For a list of error codes, see Appendix 9.3.

4.4. MCSC New Individual Enrollment Output Files

The MCSC New Individual Enrollment output files will be created on the UNIX machine and populated during the Reconciliation Phase. These files, one per contract, will contain all of the enrollments that need to be added to the MCSC's system. This includes Active Duty enrollments and other enrollments stored in DEERS, but not in the MCSC's system. Each record will include the DEERS Identifier and Patient Identifier, along with all of the fields required for the MCSCs to enroll a person in their system. When the conversion to DEERS 3.0 is complete, these output files will be made available for the MCSCs to download, so they can reconcile their data with the changes made during the conversion.

4.5. MCSC Fee Payment Output Files

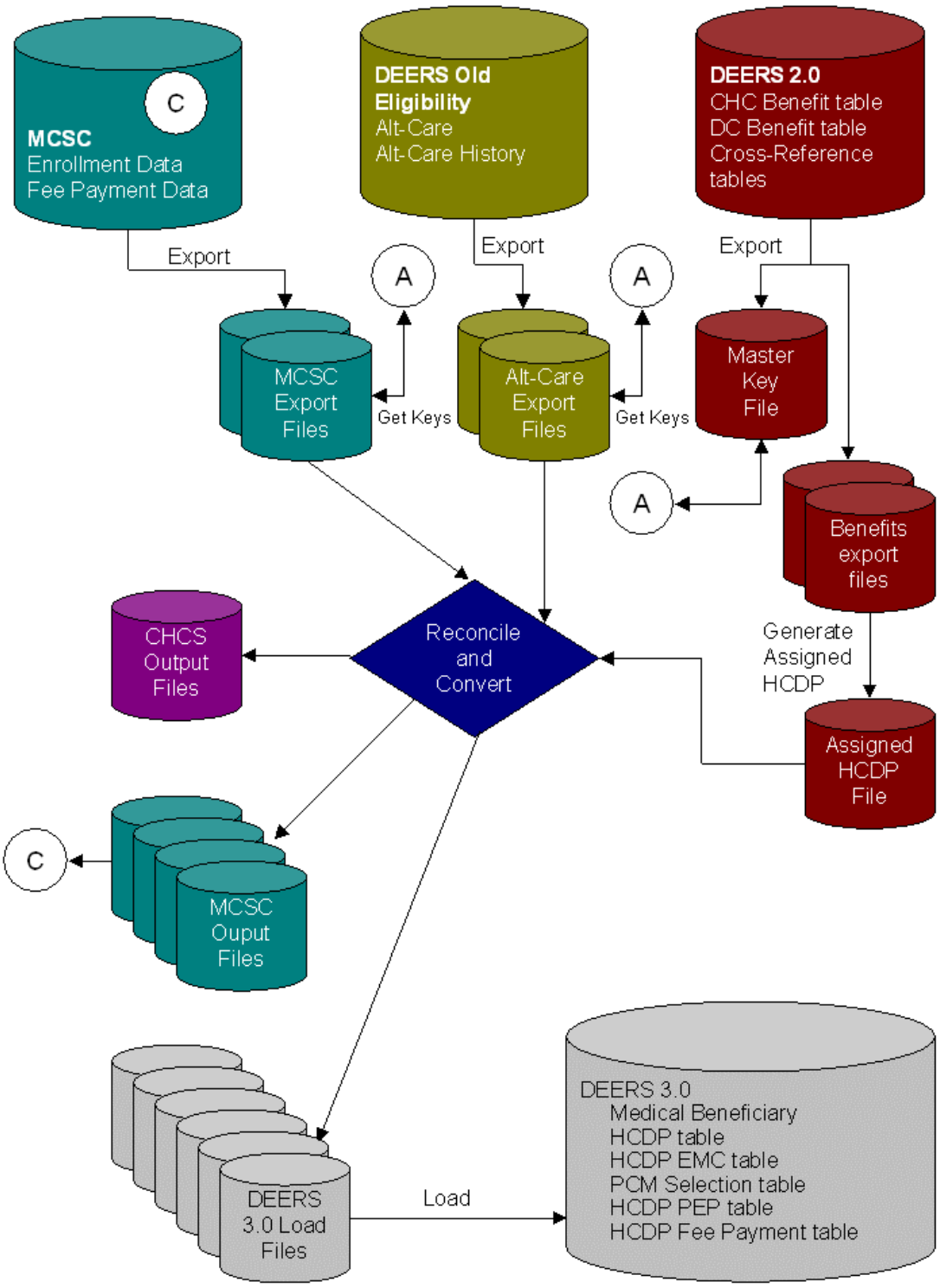
The MCSC Fee Payment output files will be created on the UNIX machine and populated during the Reconciliation Phase. These files, one per contract, will include all of the fields from the MCSC Fee Payment input files, along with the DEERS Identifier, Patient Identifier, flags to indicate if fields have had their data changed, and an error code. When the conversion to DEERS 3.0 is complete, these output files will be made available for the MCSCs to download, so they can reconcile their data with the changes made during the conversion.

4.6. CHCS Output Files

The CHCS output files will be created on the UNIX machine and populated during the Conversion Phase. One file will be created for each CHCS host site and will contain the current PCM Assignment information for beneficiaries enrolled in a PCM Enrolling Division DMIS Identifier under that host site. Each record will include person identification information, a DMIS Identifier, and PCM selection data. When the conversion to DEERS 3.0 is complete, DEERS with distribute these files to the CHCS systems.

5. Data Flows and Events

The following diagram details, at a high level, the data flows and events that will occur in the TRICARE NED data conversion.



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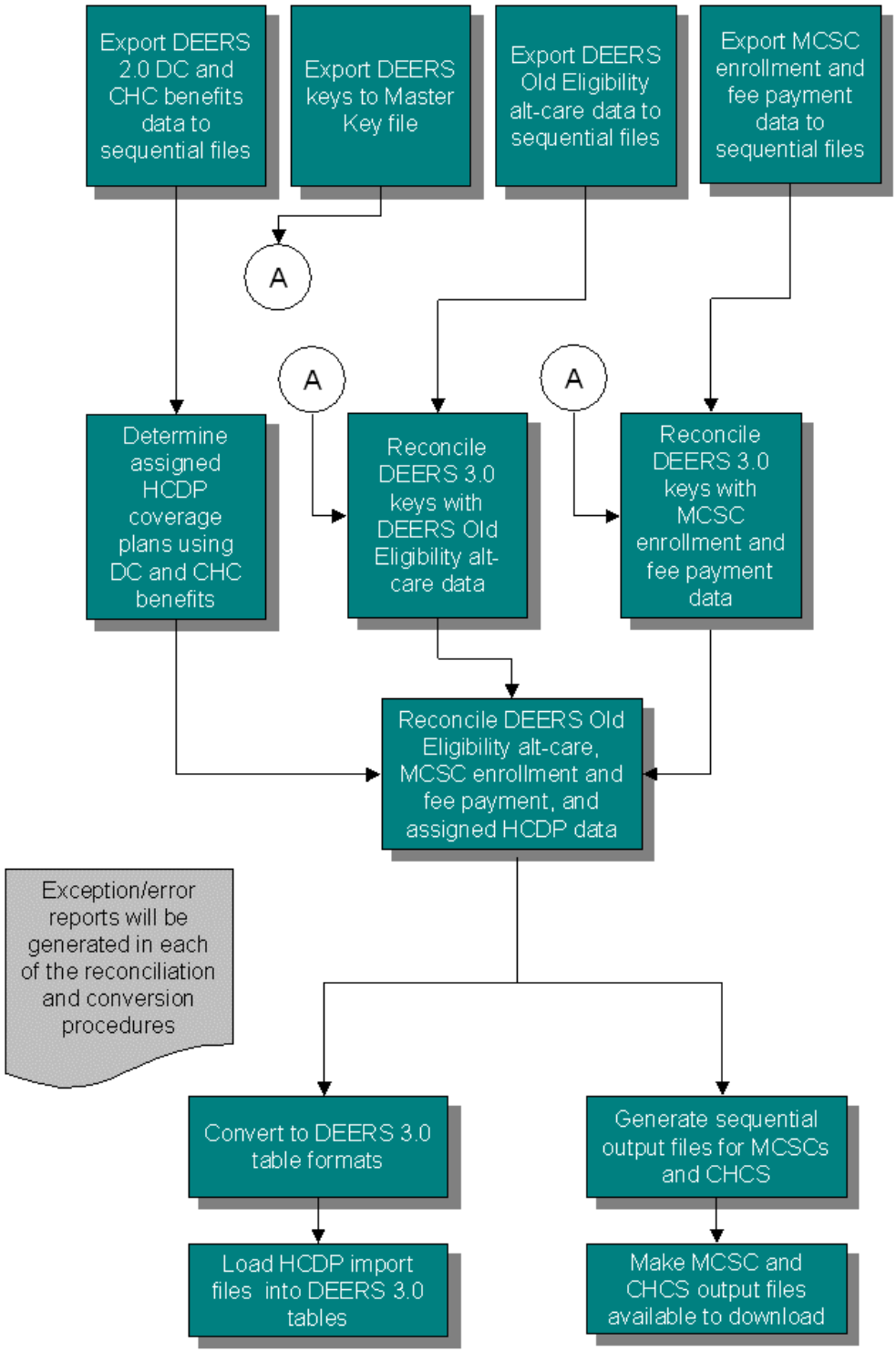
6. Process Flows

The following diagram details, at a high level, the process flow that will occur in the TRICARE NED data conversion.



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7. Conversion Procedures

7.1. Export Phase

The Export Phase involves obtaining the input files for the conversion programs. There will be several sources for these input files: DEERS old eligibility, DEERS 2.0, the MCSCs, and Vector Research.

Two programs will be run on the mainframe at AHSMC to extract the current and historical Alt-Care data from DEERS old eligibility. The first program will extract all of the current Alt-Care information from the DEERS VSAM files and write it to one sequential file. The second program will write the entire Alt-Care History file to a sequential file. These sequential files will be transferred, using FTP, from the mainframe to the UNIX machine being used for the conversion.

The DC and CHC Benefit tables in DEERS 2.0 will each be written to a sequential file. These sequential files will be transferred, using FTP, from the mainframe to the UNIX machine being used for the conversion.

Several cross-reference tables in DEERS 2.0 will be used to create the Master Key file. A program will run to extract the various keys associated with each person in DEERS 2.0 and write them to a sequential file. There will be one record generated for each DEERS Identifier. The DEERS Identifier is the primary key used throughout the Benefits Satellite database; it is created through the concatenation of the DEERS Family Identifier and the DEERS Beneficiary Identifier. The Master Key file will be transferred via FTP to the UNIX machine being used for the conversion.

Each MCSC will provide data, by contract, on the current enrollments they have in their system. They will be responsible for reconciling their data within each contract, creating family enrollments from separate individual plans when necessary. They will then create two fixed length, sequential files for each contract. The MCSC Individual Enrollment input file will contain information on each beneficiary's enrollment, including enrollment dates and PCM information. The MCSC Fee Payment input file will contain information about each family's enrollment and fee payments. The MCSCs will be responsible for transferring each of these sequential files via FTP to the UNIX machine.

A script will run on the data conversion UNIX machine that will download the current version of the Vector Research DMIS file using FTP. It will then create one fixed length, sequential file that will include each DMIS Identifier along with its associated Region Code. This file will be used by the remaining conversion modules to validate DMIS Identifiers and associate them with the correct region.

7.2. Reconciliation Phase

7.2.1. Create Assigned HCDP File

The DC and CHC Benefit files will be used to create the Assigned HCDP file. For each period of time a beneficiary is eligible for Direct Care or Civilian Health Care benefits, the beneficiary's Member Category Code, Member Disposition Code, Member Relationship Code, Civilian Health Care Code, and Direct Care Code are used to determine which HCDP Plan Coverage Code to assign the beneficiary. One HCDP record will be created for each continuous period of time a person is eligible for the same HCDP coverage plan. The resulting file will contain HCDP records for each beneficiary that encompasses the full length of their eligibility. The file will be sequential and have the same format as the HCDP table in DEERS 3.0.

7.2.2. Validate Input Files and Populate with DEERS 3.0 Primary Key

Each record in the DEERS old eligibility and MCSC input files will be validated. This will include checking valid values for identification numbers, codes, and dates. In addition, the person identification information from each record will be used to search the Master Key file for its associated DEERS Identifier. This will ensure that it is a record for a valid beneficiary. Any record containing an invalid field value or an invalid beneficiary will be written to the appropriate error file with an error code.

7.2.3. Reconcile Enrollment Information Against the Assigned HCDP

The HCDP coverage plan assigned to a beneficiary determines in which plans the beneficiary can enroll. Therefore, all of the current enrollments from the DEERS old eligibility and MCSC Individual Enrollment input files will be compared against the Assigned HCDP file to ensure eligibility. If the HCDP coverage plan assigned to a beneficiary does not allow the beneficiary to enroll in the plan on the DEERS old eligibility or MCSC Individual Enrollment record, then the enrollment will be considered invalid. If, based on the Assigned HCDP, a beneficiary is only eligible for a portion of the time represented on the Enrollment record, then the enrollment begin and end dates will be changed accordingly.

MCSC Individual Enrollment Error records will be written to the MCSC Individual Enrollment Error file. If all of the individual enrollments in a family are considered invalid based on the Assigned HCDP, then the MCSC Fee Payment records will be written, along with the appropriate error code, to the MCSC Fee Payment output file as well. If the MCSC enrollment begin or end date is modified based on the Assigned HCDP, the change flag for the corresponding field will also be updated to indicate that the field was modified due to a lack of eligibility.

7.2.4. Reconcile MCSC Enrollment Information Against DEERS Old Eligibility Enrollment Information

The data conversion programs will consider DEERS old eligibility to be the most accurate source of enrollment information when there is conflicting data. Therefore, each MCSC Individual Enrollment record will be compared against DEERS old eligibility to identify any enrollment information that does not agree.

If an MCSC has a beneficiary enrolled with a particular HCDP Contractor Code and there is no matching DEERS old eligibility enrollment with the same HCDP Contractor Code, the MCSC record is written to the MCSC Individual Enrollment Error file with the appropriate error code. If all of the MCSC individual enrollments for a family are written to the error file, then the family's MCSC Fee Payment records will be written, along with the appropriate error code, to the MCSC Fee Payment output file as well.

If DEERS old eligibility has a beneficiary enrolled with a particular HCDP Contractor Code and there is no matching MCSC enrollment with the same HCDP Contractor Code, a record is added to the MCSC New Individual Enrollment file containing the enrollment information. This only applies to enrollments that are required to go through the MCSCs [that is, this does not apply to the Uniformed Services Family Health Plan (USFHP) or Continued Health Care Benefit Program (CHCBP)].

If both the MCSCs and DEERS old eligibility have a beneficiary enrolled with the same HCDP Contractor Code, the values of the Sponsor Status, PCM Enrolling Division DMIS Identifier, PCM Code, and Enrollment Management Contractor Enrollment End Calendar Date are compared. If the MCSC record contains an HCDP Enrollment Social Security Number (SSN) Identifier and the DEERS old eligibility record contains a Beneficiary SSN Identifier, these two fields are also compared. If any of the fields in the MCSC record differs with the corresponding field in the DEERS old eligibility record, the field on the MCSC record is changed to match the DEERS old eligibility record. The only exception to this is if the MCSC record has an Enrollment Management Contractor Enrollment End Calendar Date that is not indefinite and DEERS old eligibility has an Enrollment Management Contractor Enrollment End Calendar Date that is indefinite. In this case, the Enrollment Management Contractor Enrollment End Calendar Date from the MCSC record is considered correct. If an MCSC field is changed, the change flag for that field is updated to indicate that the field was modified because of a conflict with DEERS old eligibility.

The MCSC New Individual Enrollment output file will then be sent to the mainframe at AHSMC. A process will run on the mainframe that uses the DEERS Identifier from each MCSC New Individual Enrollment record to obtain the remaining person attribute fields from DEERS 2.0. This file will then be transferred back to the UNIX machine.

Each MCSC output file will be divided by contract and sorted by PCM Region Code, Sponsor SSN Identifier, Sponsor Last Name – First Three Letters, Sponsor Person Birth Calendar Date, and Legacy DEERS Dependent Suffix (DDS) Code. They will then be made available for the MCSCs to download via FTP.

7.3. Conversion Phase

The Conversion Phase will combine the information from the input files and create sequential load files in the format of the DEERS 3.0 tables.

The DEERS Family and Beneficiary Identifiers for each beneficiary in the Master Key file will be written to a Medical Beneficiary record. If an MCSC Individual Enrollment record exists for the beneficiary and contains an HCDP Enrollment SSN Identifier that is not contained in DEERS old eligibility, then the HCDP Enrollment SSN Identifier is also added to the beneficiary's Medical Beneficiary record. The remaining fields on each Medical Beneficiary record are set to default values.

Contiguous Alt-Care and Alt-Care History records will be translated into a single HCDP record. The HCDP Plan Coverage Code will be determined using the Alt-Care Flag and the HCDP Plan Coverage Code from the Assigned HCDP record. After all of the Alt-Care and Alt-Care History records are converted to HCDP records, the dates for the Assigned HCDP records will be altered so that they are inserted into any break between enrolled plans. In this manner, the HCDP table will be populated with records for assigned and enrolled coverage plans covering the full length of a beneficiary's eligibility.

Each Alt-Care and Alt-Care History record containing a PCM Enrolling Division DMIS Identifier will also be translated into a PCM Selection record. The HCDP foreign key information will be copied from the related HCDP record. The current and future PCM Selection records will also include information from the MCSC Individual Enrollment records, if provided. For each current PCM Selection record, a record will be added to one of the CHCS output files, based on PCM Enrolling Division DMIS Identifier.

One HCDP Enrollment Management Contractor record will be created for each beneficiary's most recent enrollment. The HCDP foreign key and end date information will be copied from the related HCDP record. The remaining fields will be copied from the current Alt-Care record and, if provided, the MCSC Individual Enrollment record for the beneficiary.

One HCDP Policy Enrollment Period record will be created for each particular HCDP plan (based on HCDP Plan Coverage Code) a family is currently enrolled in. An additional HCDP Policy Enrollment Period record will be created for the family if there is a future reenrollment. The HCDP information will be copied from the HCDP records associated with each particular enrollment. The remaining fields will come from the MCSC Fee Payment records, if provided.

One HCDP Fee Payment record will be created for each MCSC Fee Payment record containing fee payment information. If the MCSC Fee Payment record only contains family enrollment information, it is not converted into an HCDP Fee Payment record. The HCDP Policy Enrollment Period foreign key information will be copied from the related HCDP Policy Enrollment Period record. The remaining fields will come from the MCSC Fee Payment records.

7.4. Import Phase

The sequential load files created in the Conversion Phase will be loaded into the Oracle database, specifically into the tables for which they were formatted. After loading the data, the files will be validated using SQL scripts.

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8. Error Files and Statistical Reports

8.1. Error Files

Data is rarely completely clean, that is, free of errors. This is particularly true when data comes from different sources. Therefore, not all data can be properly converted and migrated. The TRICARE NED data conversion modules will generate error files to identify where data problems exist so that they may be researched and corrected.

Within one database, data problems may be referential (such as a dependent without a sponsor), relational (such as a begin date occurring after a date of death), or value related (such as an invalid Provider Type Code). Problems across databases exist when data representing the same entity is inconsistent. The decision to reject a record – that is, to not migrate any of its data to the new database – will be based upon the severity of the error. All rejected errors encountered in the conversion/migration will be written to error files along with an error code indicating the type of error involved.

8.2. Statistical Reports

Each of the TRICARE NED data conversion modules will produce a basic statistical report that relates the following information:

- Number of records processed
- Number of valid output records written
- Number of error records written
- Number of errors by type
- Error percentage by type
- Error percentage

Modules processing MCSC files will produce this report with totals by contract and a grand total for all contracts. In addition to the basic statistics, each module will produce statistics specific to that process. Again, modules processing the MCSC files will produce contract totals and a grand total for all contracts. Additional statistical reports will be generated for the following modules:

- Validate Input/Get DEERS ID Modules
  - Number of sponsor records processed
  - Number of dependent records processed
- Reconcile Enrollment Data with the Assigned HCDP Modules
  - Number of begin dates changed due to eligibility
  - Number of end dates changed due to eligibility

- Reconcile MCSC Segments with DEERS Old Eligibility Segments Module
  - Number of MCSC New Individual Enrollment records created
  - Number of MCSC records where the Sponsor Status was changed due to a conflict with DEERS old eligibility
  - Number of MCSC records where the DMIS Identifier was changed due to a conflict with DEERS old eligibility
  - Number of MCSC records where the PCM Code was changed due to a conflict with DEERS old eligibility
  - Number of MCSC records where the Enrollment End Date was changed due to a conflict with DEERS old eligibility
  - Number of DEERS old eligibility records where the Enrollment End Date from the MCSC record was used
  - Number of MCSC records where the Enrollee SSN was changed due to a conflict with DEERS old eligibility
  - Number of MCSC records where the Enrollee SSN was accepted
- Conversion Module
  - Number of Medical Beneficiary records created
  - Number of HCDP records created
  - Number of HCDP Enrollment Management Contractor records created
  - Number of PCM Selection records created
  - Number of HCDP Policy Enrollment Period records created
  - Number of HCDP Fee Payment records created
  - Number of CHCS output records created

9. Appendices

9.1. Acronyms

AHSMC	Auburn Hills Service Management Center
BRAC	Base Realignment and Closure
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CHC	Civilian Health Care
CHCS	Composite Health Care System
CONUS	Continental United States
DC	Direct Care
DDS	DEERS Dependent Suffix
DEERS	Defense Enrollment Eligibility Reporting System
DOES	DEERS Online Enrollment System
DMDC	Defense Manpower Data Center
DMIS	Defense Medical Information System
DoD	Department of Defense
EDS	Electronic Data Systems Corporation
EMC	Enrollment Management Contractor
FOC	Full operational capability
FTP	File transfer protocol
FY	Fiscal Year
HCDP	Health Care Delivery Program
IOD	Interface Operational Description
MCSC	Managed Care Support Contractor
MHS	Military Health System
NED	National Enrollment Database
NOAA	National Oceanic and Atmospheric Administration
OCONUS	Outside of the Continental United States
PCM	Primary Care Manager
PEP	Policy Enrollment Period
SQL	Structured Query Language
SSN	Social Security Number
TMA	TRICARE Management Activity
USFHP	Uniformed Services Family Health Plan
VSAM	Virtual Storage Access Method

9.2. File Layouts

The file layouts may be modified throughout the development process for NED based on the finalization of the existing requirements and the requested modifications being received from all parties involved in this migration and implementation for NED.

9.2.1. Input File Layouts

9.2.1.1. Alt-Care Input File

Attribute Name	Field Name	Data Type	Field Length
Sponsor Social Security Number Identifier	SPN_SSN_ID	NUMBER	9
Sponsor Duplicate Identifier	SPN_DUP_ID	NUMBER	1
Legacy DEERS Dependent Suffix Code	LEG_DDS_CD	CHAR	2
Sponsor Status	SPN_STAT	CHAR	1
Beneficiary Social Security Number Identifier	BNFRY_SSN_ID	NUMBER	9
Beneficiary Date of Birth	BNFRY_PN_DOB	DATE	8
Alternate Care Flag	ALT_CARE_FLAG	CHAR	1
Alternate Care Start Date	ALT_CARE_START_DT	DATE	8
Alternate Care End Date	ALT_CARE_END_DT	DATE	8
Primary Care Manager Enrolling Division DMIS Identifier	PCM_EDVSN_DMIS_ID	NUMBER	4
PCM Code	PCM_CD	CHAR	2

9.2.1.2. Alt-Care History Input File

Attribute Name	Field Name	Data Type	Field Length
Sponsor Social Security Number Identifier	SPN_SSN_ID	NUMBER	9
Sponsor Duplicate Identifier	SPN_DUP_ID	NUMBER	1
Legacy DEERS Dependent Suffix Code	LEG_DDS_CD	CHAR	2
Sponsor Status	SPN_STAT	CHAR	1
Beneficiary Social Security Number Identifier	BNFRY_SSN_ID	NUMBER	9
Beneficiary Date of Birth	BNFRY_PN_DOB	DATE	8
Alternate Care Flag	ALT_CARE_FLAG	CHAR	1
Alternate Care Start Date	ALT_CARE_START_DT	DATE	8
Alternate Care End Date	ALT_CARE_END_DT	DATE	8
Primary Care Manager Enrolling Division DMIS Identifier	PCM_EDVSN_DMIS_ID	NUMBER	4
PCM Code	PCM_CD	CHAR	2

9.2.1.3. Master Key File (Approximately 17 million records)

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
DMDC Identifier	DMDC_ID	NUMBER	9
Sponsor Social Security Number Identifier	SPN_SSN_ID	NUMBER	9
Sponsor Last Name – First Three Letters	SPN_LST_NM_1ST_THREE	CHAR	3

Attribute Name	Field Name	Data Type	Field Length
Sponsor Person Birth Calendar Date	SPN_PN_BRTH_DT	DATE	8
Sponsor Duplicate Identifier	SPN_DUP_ID	NUMBER	1
Legacy DEERS Dependent Suffix Code	LEG_DDS_CD	CHAR	2
Patient Identifier	PTNT_ID	NUMBER	10

9.2.1.4. Direct Care Benefit Input File

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Direct Care Benefit Segment Identifier	DC_SEG_ID	NUMBER	3
Organization Code	ORG_CD	CHAR	2
Member Category Code	MEM_CAT_CD	CHAR	1
Member Relationship Code	MBR_REL_CD	CHAR	1
Member Disposition Code	MEM_DSPN_CD	CHAR	1
Run Identifier	RUN_ID	CHAR	8
Direct Care Benefit Type Code	DC_CD	CHAR	1
Direct Care Benefit Type Begin Eligibility Calendar Date	DC_BELIG_DT	DATE	8
Direct Care Benefit Type End Eligibility Calendar Date	DC_EELIG_DT	DATE	8

9.2.1.5. Civilian Health Care Entitlement Input File

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Civilian Health Care Entitlement Segment Identifier	CHC_SEG_ID	NUMBER	3
Organization Code	ORG_CD	CHAR	2
Member Category Code	MEM_CAT_CD	CHAR	1
Member Relationship Code	MBR_REL_CD	CHAR	1
Member Disposition Code	MEM_DSPN_CD	CHAR	1
Run Identifier	RUN_ID	CHAR	8
Civilian Health Care Entitlement Type Code	CHC_CD	CHAR	1
Civilian Health Care Entitlement Copayment Code	CHC_CPMT_CD	CHAR	1
Civilian Health Care Entitlement Type Begin Eligibility Calendar Date	CHC_BELIG_DT	DATE	8
Civilian Health Care Entitlement Type End Eligibility Calendar Date	CHC_EELIG_DT	DATE	8

9.2.1.6. MCSC Individual Enrollment Input File

The naming convention for this file will be **CCYYMMDD.IND.XXXX**, where CCYYMMDD is the date the file is sent and XXXX represents the entity sending the file (up to 4 characters). Blank fields are to be filled with "spaces".

Attribute Name	Field Name	Data Type	Field Length
Sponsor Social Security Number Identifier	SPN_SSN_ID	NUMBER	9
Sponsor Last Name – First Three Letters	SPN_LST_NM_1ST_THREE	CHAR	3
Sponsor Person Birth Calendar Date	SPN_PN_BRTH_DT	DATE	8
Legacy DEERS Dependent Suffix Code	LEG_DDS_CD	CHAR	2
Sponsor Status	SPN_STAT	CHAR	1
Health Care Delivery Program Enrollment Social Security Number Identifier	HCDP_ENRL_SSN_ID	NUMBER	9
Enrollment Management Contractor Enrollment Resident Mailing Address US Postal Region ZIP Code	EMC_ENRL_RMA_ZIP_CD	CHAR	5
Enrollment Management Contractor Enrollment Work Mailing Address US Postal Region ZIP Code	EMC_ENRL_WMA_ZIP_CD	CHAR	5
Primary Care Manager Enrolling Division DMIS Identifier	PCM_EDVSN_DMIS_ID	NUMBER	4
Enrollment Management Contractor Enrollment Begin Calendar Date	EMC_ENRL_BGN_DT	DATE	8
Enrollment Management Contractor Enrollment End Calendar Date	EMC_ENRL_END_DT	DATE	8
Health Care Delivery Program Individual Enrollment Fee Waiver Reason Code	HCDP_INV_FWVR_RSN_CD	CHAR	1
Primary Care Manager Code	PCM_CD	CHAR	2
Primary Care Manager Identifier	PCM_ID	CHAR	18
Primary Care Manager Identifier Type Code	PCM_ID_TYP_CD	CHAR	1
Primary Care Manager Name	PCM_NM	CHAR	40
Primary Care Manager Telephone Number Code	PCM_TNUM_CD	CHAR	14
Primary Care Manager License Identifier	PCM_LIC_ID	CHAR	15
Primary Care Manager Group Identifier	PCM_GRP_ID	CHAR	19
Primary Care Manager Group Name	PCM_GRP_NM	CHAR	40
Primary Care Manager Mailing Address US Postal Region ZIP Code	PCM_MA_ZIP_CD	CHAR	5
Primary Care Manager Mailing Address US Postal Region ZIP Extension Code	PCM_MA_ZIPX_CD	CHAR	4
Primary Care Manager Selection Begin Calendar Date	PCM_SLCT_BGN_DT	DATE	8
Health Care Delivery Program Enrollment Contractor Code	HCDP_CNTC _CD	CHAR	2

9.2.1.7. MCSC Fee Payment Input File

The naming convention for this file will be **CCYYMMDD.FEE.XXXX**, where CCYYMMDD is the date the file is sent and XXXX represents the entity sending the file (up to 4 characters). Blank fields are to be filled with "spaces", except HCDP_EY_FPMT_AM, which is to be "0" (zero) filled.

Attribute Name	Field Name	Data Type	Field Length
Sponsor Social Security Number Identifier	SPN_SSN_ID	NUMBER	9
Sponsor Last Name – First Three Letters	SPN_LST_NM_1ST_THREE	CHAR	3
Sponsor Person Birth Calendar Date	SPN_PN_BRTH_DT	DATE	8
Legacy DEERS Dependent Suffix Code	LEG_DDS_CD	CHAR	2
Health Care Delivery Program Policy Enrollment Period Begin Calendar Date	HCDP_PEP_BGN_DT	DATE	8
Health Care Delivery Program Policy Enrollment Period End Calendar Date	HCDP_PEP_END_DT	DATE	8
Family Indicator Code	FAM_IND_CD	CHAR	1
Health Care Delivery Program Enrollment Fee Payment Plan Type Code	HCDP_FPMT_PLN_TYP_CD	CHAR	1
Health Care Delivery Program Enrollment Fee Payment Exception Reason Code	HCDP_FPMT_EXC_RSN_CD	CHAR	1
Health Care Delivery Program Enrollment Fee Payment Calendar Date	HCDP_FPMT_DT	DATE	8
Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date	HCDP_FPMT_THRU_DT	DATE	8
Health Care Delivery Program Enrollment Year Fee Payment Amount	HCDP_EY_FPMT_AM	CHAR	8
Health Care Delivery Program Contractor Code	HCDP_CNTC_CD	CHAR	2

9.2.1.8. Vector Research DMIS File (2,629 records)

Attribute Name	Field Name	Data Type	Field Length
Primary Care Manager Enrolling Division DMIS Identifier	PCM_EDVSN_DMIS_ID	NUMBER	4
Facility Name	FAC_NM	CHAR	42
DMIS Name	DMIS_FAC_NM	CHAR	30
Health Service Region	HS_REG_CD	CHAR	2
Facility Location Code	FAC_LOC_CD	CHAR	2
Facility City Name	FAC_CITY_NM	CHAR	32
Facility ZIP Code	FAC_ZIP_CD	CHAR	9
US Flag	US_FLAG_CD	CHAR	1
Installation Name	INSTALLATION_NM	CHAR	35
Parent DMIS ID	DMIS_PARENT_ID	CHAR	4
Facility Type	FAC_TYPE_CD	CHAR	6
Facility Service Branch	FAC_SVC_CD	CHAR	1
MEPRS Unit ID	MEPRS_UNIT_ID	CHAR	6
DCW ID	DCW_ID	CHAR	5
MEPRS Parent DMIS ID	MEPRS_PARENT_ID	CHAR	4

Load File Layouts

9.2.1.9. HCDP Load File

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Health Care Delivery Program Type Code	HCDP_TYP_CD	CHAR	1
Health Care Delivery Program Code	HCDP_CD	CHAR	3
Health Care Delivery Program Plan Coverage Code	HCDP_PLN_CVG_CD	NUMBER	3
Health Care Delivery Program Segment Identifier	HCDP_SEG_ID	NUMBER	3
Health Care Delivery Program Plan Status Code	HCDP_PLN_STAT_CD	CHAR	1
Run Identifier	RUN_ID	NUMBER	8
Health Care Delivery Program Begin Calendar Date	HCDP_BGN_DT	DATE	8
Health Care Delivery Program Projected End Calendar Date	HCDP_PE_DT	DATE	8
Health Care Delivery Program Projected End Date Certainty Code	HCDP_PEDC_CD	CHAR	1
Health Care Delivery Program Termination Calendar Date	HCDP_TERM_DT	DATE	8
Health Care Delivery Program Termination Reason Code	HCDP_TRSN_CD	CHAR	1

9.2.1.10. Assigned HCDP Load File

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Health Care Delivery Program Type Code	HCDP_TYP_CD	CHAR	1
Health Care Delivery Program Code	HCDP_CD	NUMBER	3
Health Care Delivery Program Plan Coverage Code	HCDP_PLN_CVG_CD	NUMBER	3
Assigned Health Care Delivery Program Segment Identifier	ASG_HCDP_SEG_ID	NUMBER	3
Health Care Delivery Program Status Code	HCDP_STAT_CD	CHAR	1
Assigned Health Care Delivery Program Begin Calendar Date	ASG_HCDP_BGN_DT	DATE	8
Assigned Health Care Delivery Program Projected End Calendar Date	ASG_HCDP_PE_DT	DATE	8
Assigned Health Care Delivery Program Projected End Date Certainty Code	ASG_HCDP_PEDC_CD	CHAR	1
Assigned Health Care Delivery Program Termination Calendar Date	ASG_HCDP_TERM_DT	DATE	8
Assigned Health Care Delivery Program Termination Reason Code	ASG_HCDP_TRSN_CD	CHAR	1
Organization Code	ORG_CD	CHAR	2
Member Category Code	MEM_CAT_CD	CHAR	1
Member Relationship Code	MEM_REL_CD	CHAR	1
Member Disposition Code	MEM_DSPN_CD	CHAR	1

9.2.1.11. HCDP Enrollment Management Contractor Load File

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Health Care Delivery Program Type Code	HCDP_TYP_CD	CHAR	1
Health Care Delivery Program Code	HCDP_CD	CHAR	3
Health Care Delivery Program Plan Coverage Code	HCDP_PLN_CVG_CD	NUMBER	3
Health Care Delivery Program Segment Identifier	HCDP_SEG_ID	NUMBER	3
Health Care Delivery Program Enrollment Management Contractor Segment Identifier	HCDP_EMC_SEG_ID	NUMBER	3
Health Care Delivery Program Enrollment Management Contractor Code	HCDP_EMC_CD	CHAR	2
Enrollment Management Contractor Enrollment Begin Calendar Date	EMC_ENRL_BGN_DT	DATE	8
Enrollment Management Contractor Enrollment Resident Mailing Address US Postal Region ZIP Code	EMC_ENRL_RMA_ZIP_CD	CHAR	5
Enrollment Management Contractor Enrollment Work Mailing Address US Postal Region ZIP Code	EMC_ENRL_WMA_ZIP_CD	CHAR	5
Health Care Delivery Program Enrollment Management Contractor Transaction Calendar Date	HCDP_EMC_TXN_DT	DATE	8
Health Care Delivery Program Individual Enrollment Fee Waiver Reason Code	HCDP_INV_FWVR_RSN_CD	CHAR	1
Enrollment Management Contractor Enrollment Projected End Calendar Date	EMC_ENRL_PE_DT	DATE	8
Enrollment Management Contractor Enrollment Projected End Date Certainty Code	EMC_ENRL_PEDC_CD	CHAR	1
Enrollment Management Contractor Enrollment Termination Calendar Date	EMC_ENRL_TERM_DT	DATE	8
Enrollment Management Contractor Enrollment Termination Reason Code	EMC_ENRL_TRSN_CD	CHAR	1

9.2.1.12. PCM Selection Load File

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Health Care Delivery Program Type Code	HCDP_TYP_CD	CHAR	1
Health Care Delivery Program Code	HCDP_CD	CHAR	3
Health Care Delivery Program Plan Coverage Code	HCDP_PLN_CVG_CD	NUMBER	3
Health Care Delivery Program Segment Identifier	HCDP_SEG_ID	NUMBER	3
Primary Care Manager Selection Segment Identifier	PCM_SLCT_SEG_ID	NUMBER	3
Primary Care Manager Region Code	PCM_RGN_CD	CHAR	2
Primary Care Manager Enrolling Division DMIS Identifier	PCM_EDVSN_DMIS_ID	NUMBER	4
Primary Care Manager Name	PCM_NM	CHAR	40
Primary Care Manager Identifier	PCM_ID	CHAR	18
Primary Care Manager Identifier Type Code	PCM_ID_TYPE_CD	CHAR	1
Primary Care Manager Selection Begin Calendar Date	PCM_SLCT_BGN_DT	DATE	8
Primary Care Manager Selection Projected End Calendar Date	PCM_SLCT_PE_DT	DATE	8
Primary Care Manager Selection Projected End Date Certainty Code	PCM_SLCT_PEDC_CD	CHAR	1
Primary Care Manager Selection Termination Calendar Date	PCM_SLCT_TERM_DT	DATE	8
Primary Care Manager Selection Termination Reason Code	PCM_SLCT_TRSN_CD	CHAR	1
Primary Care Manager Network Provider Type Code	PCM_PROV_TYP_CD	CHAR	1
Primary Care Manager Mailing Address US Postal Region ZIP Code	PCM_MA_ZIP_CD	CHAR	5
Primary Care Manager Mailing Address US Postal Region ZIP Extension Code	PCM_MA_ZIPX_CD	CHAR	4
Primary Care Manager Mailing Address Country Code	PCM_MA_CTRY_CD	CHAR	2
Primary Care Manager Telephone Number Code	PCM_TNUM_CD	CHAR	14
Primary Care Manager License Identifier	PCM_LIC_ID	CHAR	15
Primary Care Manager Group Identifier	PCM_GRP_ID	CHAR	19
Primary Care Manager Group Name	PCM_GRP_NM	CHAR	40

9.2.1.13. HCDP Policy Enrollment Period Load File

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Health Care Delivery Program Type Code	HCDP_TYP_CD	CHAR	1
Health Care Delivery Program Code	HCDP_CD	CHAR	3
Health Care Delivery Program Plan Coverage Code	HCDP_PLN_CVG_CD	CHAR	3
Health Care Delivery Program Policy Enrollment Period Segment Identifier	HCDP_PEP_SEG_ID	NUMBER	3
Health Care Delivery Program Contractor Code	HCDP_CNTC_CD	CHAR	2
Health Care Delivery Program Begin Calendar Date	HCDP_BGN_DT	DATE	8
Health Care Delivery Program Policy Enrollment Period Begin Calendar Date	HCDP_PEP_BGN_DT	DATE	8
Health Care Delivery Program Policy Enrollment Period Projected End Date	HCDP_PEP_PE_DT	DATE	8
Health Care Delivery Program Policy Enrollment Period Projected End Date Certainty Code	HCDP_PEP_PEDC_CD	CHAR	1
Health Care Delivery Program Policy Enrollment Period Fee Payment Plan Type Code	HCDP_FPMT_PLN_TYP_CD	CHAR	1
Health Care Delivery Program Policy Enrollment Period Termination Date	HCDP_PEP_TERM_DT	DATE	8
Health Care Delivery Program Policy Enrollment Period Termination Reason Code	HCDP_PEP_TRSN_CD	CHAR	1
Enrollment Management Contractor Policy Enrollment Period Begin Calendar Date	EMC_PEP_BGN_DT	DATE	8

9.2.1.14. HCDP Fee Payment Load File

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Health Care Delivery Program Type Code	HCDP_TYP_CD	CHAR	1
Health Care Delivery Program Code	HCDP_CD	CHAR	3
Health Care Delivery Program Plan Coverage Code	HCDP_PLN_CVG_CD	CHAR	3
Health Care Delivery Program Policy Enrollment Period Segment Identifier	HCDP_PEP_SEG_ID	NUMBER	3
Health Care Delivery Program Contractor Code	HCDP_CNTC_CD	CHAR	2
Health Care Delivery Program Fee Payment Segment Identifier	HCDP_FEE_SEG_ID	NUMBER	3
Health Care Delivery Program Fee Action Code	HCDP_FEE_ACTN_CD	CHAR	1
Health Care Delivery Program Enrollment Fee Payment Exception Reason Code	HCDP_FPMT_EXC_RSN_CD	CHAR	1
Health Care Delivery Program Enrollment Fee Payment Calendar Date	HCDP_FPMT_DT	DATE	8
Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date	HCDP_FPMT_THRU_DT	DATE	8
Health Care Delivery Program Enrollment Year Fee Payment Amount	HCDP_EY_FPMT_AM	NUMBER	8
Health Care Delivery Program Fee Payment Plan Type Code	HCDP_FPMT_PLN_TYP_CD	CHAR	1
Health Care Delivery Program Enrollment Fee Payment Transaction Calendar Date	HCDP_FPMT_TXN_DT	DATE	8

9.2.1.15. MCSC Individual Enrollment Output File

The naming convention for this file will be **CCYYMMDD.IND.XXXX.GOLD**, where CCYYMMDD is the same date provided on the corresponding input files and XXXX refers to the same entity provided on the corresponding input file.

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Patient Identifier	PTNT_ID	NUMBER	10
Sponsor Social Security Number Identifier	SPN_SSN_ID	NUMBER	9
Sponsor Last Name – First Three Letters	SPN_LST_NM_1ST_THREE	CHAR	3
Sponsor Person Birth Calendar Date	SPN_PN_BRTH_DT	DATE	8
Legacy DEERS Dependent Suffix Code	LEG_DDS_CD	CHAR	2
Sponsor Status	SPN_STAT	CHAR	1
Health Care Delivery Program Enrollment Social Security Number Identifier	HCDP_ENRL_SSN_ID	NUMBER	9
Enrollment Management Contractor Enrollment Resident Mailing Address US Postal Region ZIP Code	EMC_ENRL_RMA_ZIP_CD	CHAR	5
Enrollment Management Contractor Enrollment Work Mailing Address US Postal Region ZIP Code	EMC_ENRL_WMA_ZIP_CD	CHAR	5
Primary Care Manager Enrolling Division DMIS Identifier	PCM_EDVSN_DMIS_ID	NUMBER	4
Enrollment Management Contractor Enrollment Begin Calendar Date	EMC_ENRL_BGN_DT	DATE	8
Enrollment Management Contractor Enrollment Termination Calendar Date	EMC_ENRL_TERM_DT	DATE	8
Health Care Delivery Program Individual Enrollment Fee Waiver Reason Code	HCDP_INV_FWVR_RSN_CD	CHAR	1
Primary Care Manager Code	PCM_CD	CHAR	2
Primary Care Manager Identifier	PCM_ID	CHAR	18
Primary Care Manager Identifier Type Code	PCM_ID_TYP_CD	CHAR	1
Primary Care Manager Name	PCM_NM	CHAR	40
Primary Care Manager Telephone Number Code	PCM_TNUM_CD	CHAR	14
Primary Care Manager License Identifier	PCM_LIC_ID	CHAR	15
Primary Care Manager Group Identifier	PCM_GRP_ID	CHAR	19
Primary Care Manager Group Name	PCM_GRP_NM	CHAR	40
Primary Care Manager Mailing Address US Postal Region ZIP Code	PCM_MA_ZIP_CD	CHAR	5
Primary Care Manager Mailing Address US Postal Region ZIP Extension Code	PCM_MA_ZIPX_CD	CHAR	4
Primary Care Manager Selection Begin Calendar Date	PCM_SLCT_BGN_DT	DATE	8
Health Care Delivery Program Enrollment Contractor Code	HCDP_CNTC _CD	CHAR	2
Primary Care Manager Region Code	PCM_RGN_CD	CHAR	2
Sponsor Status Change Flag	SPN_STAT_CHG_FLAG	CHAR	1
Health Care Delivery Program Enrollment SSN Identifier Change Flag	HCDP_ENRL_SSN_ID_CHG_FLAG	CHAR	1

Attribute Name	Field Name	Data Type	Field Length
Primary Care Manager Enrolling Division DMIS Identifier Change Flag	PCM_EDVSN_DMIS_ID_CHG_FLAG	CHAR	1
Primary Care Manager Code Change Flag	PCM_CD_CHG_FLAG	CHAR	1
Enrollment Management Contractor Enrollment Begin Calendar Date Change Flag	EMC_ENRL_BGN_DT_CHG_FLAG	CHAR	1
Enrollment Management Contractor Enrollment Termination Calendar Date Change Flag	EMC_ENRL_TERM_DT_CHG_FLAG	CHAR	1

9.2.1.16. MCSC Individual Enrollment Error Output File

The naming convention for this file will be **CCYYMMDD.INDERR.XXXX.GOLD**, where CCYYMMDD is the same date provided on the corresponding input files and XXXX refers to the same entity provided on the corresponding input file.

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Patient Identifier	PTNT_ID	NUMBER	10
Sponsor Social Security Number Identifier	SPN_SSN_ID	NUMBER	9
Sponsor Last Name – First Three Letters	SPN_LST_NM_1ST_THREE	CHAR	3
Sponsor Person Birth Calendar Date	SPN_PN_BRTH_DT	DATE	8
Legacy DEERS Dependent Suffix Code	LEG_DDS_CD	CHAR	2
Sponsor Status	SPN_STAT	CHAR	1
Health Care Delivery Program Enrollment Social Security Number Identifier	HCDP_ENRL_SSN_ID	NUMBER	9
Enrollment Management Contractor Enrollment Resident Mailing Address US Postal Region ZIP Code	EMC_ENRL_RMA_ZIP_CD	CHAR	5
Enrollment Management Contractor Enrollment Work Mailing Address US Postal Region ZIP Code	EMC_ENRL_WMA_ZIP_CD	CHAR	5
Primary Care Manager Enrolling Division DMIS Identifier	PCM_EDVSN_DMIS_ID	NUMBER	4
Enrollment Management Contractor Enrollment Begin Calendar Date	EMC_ENRL_BGN_DT	DATE	8
Enrollment Management Contractor Enrollment Termination Calendar Date	EMC_ENRL_TERM_DT	DATE	8
Health Care Delivery Program Individual Enrollment Fee Waiver Reason Code	HCDP_INV_FWVR_RSN_CD	CHAR	1
Primary Care Manager Code	PCM_CD	CHAR	2
Primary Care Manager Identifier	PCM_ID	CHAR	18
Primary Care Manager Identifier Type Code	PCM_ID_TYP_CD	CHAR	1
Primary Care Manager Name	PCM_NM	CHAR	40
Primary Care Manager Telephone Number Code	PCM_TNUM_CD	CHAR	14
Primary Care Manager License Identifier	PCM_LIC_ID	CHAR	15
Primary Care Manager Group Identifier	PCM_GRP_ID	CHAR	19
Primary Care Manager Group Name	PCM_GRP_NM	CHAR	40
Primary Care Manager Mailing Address US	PCM_MA_ZIP_CD	CHAR	5

Attribute Name	Field Name	Data Type	Field Length
Postal Region ZIP Code			
Primary Care Manager Mailing Address US Postal Region ZIP Extension Code	PCM_MA_ZIPX_CD	CHAR	4
Primary Care Manager Selection Begin Calendar Date	PCM_SLCT_BGN_DT	DATE	8
Health Care Delivery Program Enrollment Contractor Code	HCDP_CNTC _CD	CHAR	2
Primary Care Manager Region Code	PCM_RGN_CD	CHAR	2
Sponsor Status Change Flag	SPN_STAT_CHG_FLAG	CHAR	1
Health Care Delivery Program Enrollment SSN Identifier Change Flag	HCDP_ENRL_SSN_ID_CHG_FLAG	CHAR	1
Primary Care Manager Enrolling Division DMIS Identifier Change Flag	PCM_EDVSN_DMIS_ID_CHG_FLAG	CHAR	1
Primary Care Manager Code Change Flag	PCM_CD_CHG_FLAG	CHAR	1
Enrollment Management Contractor Enrollment Begin Calendar Date Change Flag	EMC_ENRL_BGN_DT_CHG_FLAG	CHAR	1
Enrollment Management Contractor Enrollment Termination Calendar Date Change Flag	EMC_ENRL_TERM_DT_CHG_FLAG	CHAR	1
Error Code	ERR_CD	CHAR	11

9.2.1.17. MCSC New Individual Enrollment Output File

The naming convention for this file will be **CCYYMMDD.INDNEW.XXXX.GOLD**, where CCYYMMDD is the same date provided on the corresponding input files and XXXX refers to the same entity provided on the corresponding input file.

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Patient Identifier	PTNT_ID	NUMBER	10
Sponsor Social Security Number Identifier	SPN_SSN_ID	NUMBER	9
Sponsor Last Name – First Three Letters	SPN_LST_NM_1ST_THREE	CHAR	3
Sponsor Person Birth Calendar Date	SPN_PN_BRTH_DT	DATE	8
Legacy DEERS Dependent Suffix Code	LEG_DDS_CD	CHAR	2
Sponsor Status	SPN_STAT	CHAR	1
Alternate Care Flag	ALT_CARE_FLAG	CHAR	1
Health Care Delivery Program Policy Enrollment Period Begin Calendar Date	HCDP_PEP_BGN_DT	DATE	8
Health Care Delivery Program Policy Enrollment Period End Calendar Date	HCDP_PEP_END_DT	DATE	8
Primary Care Manager Enrolling Division DMIS Identifier	PCM_EDVSN_DMIS_ID	NUMBER	4
Primary Care Manager Region Code	PCM_RGN_CD	CHAR	2
Enrollment Management Contractor Enrollment Begin Calendar Date	EMC_ENRL_BGN_DT	DATE	8
Enrollment Management Contractor Enrollment End Calendar Date	EMC_ENRL_END_DT	DATE	8
Health Care Delivery Program Contractor Code	HCDP_CNTC _CD	CHAR	2

Attribute Name	Field Name	Data Type	Field Length
Person Birth Calendar Date	PN_BRTH_DT	DATE	8
Person Sex Code	PN_SEX_CD	CHAR	1
Member Relationship Code	MBR_REL_CD	CHAR	1
Service Branch Classification Code	SVC_CD	CHAR	1
Pay Plan Code	PAY_PLN_CD	CHAR	5
Pay Grade Code	PG_CD	CHAR	2
Person First Name	PN_1ST_NM	CHAR	20
Person Middle Name	PN_MID_NM	CHAR	20
Person Last Name	PN_LST_NM	CHAR	26
Mailing Address Line 1 Text	MA_LN1_TX	CHAR	40
Mailing Address Line 2 Text	MA_LN2_TX	CHAR	40
Mailing Address City Name	MA_CITY_NM	CHAR	20
Mailing Address US Postal Region State Code	MA_ST_CD	CHAR	2
Mailing Address US Postal Region ZIP Code	MA_PR_ZIP_CD	CHAR	5
Mailing Address US Postal Region ZIP Extension Code	MA_PR_ZIPX_CD	CHAR	4
Mailing Address Country Code	MA_CTRY_CD	CHAR	2
Primary Care Manager Code	PCM_CD	CHAR	2
Primary Care Manager Identifier	PCM_ID	CHAR	18
Primary Care Manager Identifier Type Code	PCM_ID_TYP_CD	CHAR	1
Primary Care Manager Name	PCM_NM	CHAR	40
Primary Care Manager Telephone Number Code	PCM_TNUM_CD	CHAR	14
Primary Care Manager License Identifier	PCM_LIC_ID	CHAR	15
Primary Care Manager Group Identifier	PCM_GRP_ID	CHAR	19
Primary Care Manager Group Name	PCM_GRP_NM	CHAR	40
Primary Care Manager Selection Begin Calendar Date	PCM_SLCT_BGN_DT	DATE	8

9.2.1.18. MCSC Fee Payment Output File

The naming convention for this file will be **CCYYMMDD.FEE.XXXX.GOLD**, where CCYYMMDD is the same date provided on the corresponding input files and XXXX refers to the same entity provided on the corresponding input file.

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Patient Identifier	PTNT_ID	NUMBER	10
Sponsor Social Security Number Identifier	SPN_SSN_ID	NUMBER	9
Sponsor Last Name – First Three Letters	SPN_LST_NM_1ST_THREE	CHAR	3
Sponsor Person Birth Calendar Date	SPN_PN_BRTH_DT	DATE	8
Legacy DEERS Dependent Suffix Code	LEG_DDS_CD	CHAR	2
Health Care Delivery Program Policy Enrollment Period Begin Calendar Date	HCDP_PEP_BGN_DT	DATE	8
Health Care Delivery Program Policy Enrollment Period End Calendar Date	HCDP_PEP_END_DT	DATE	8
Family Indicator Code	FAM_IND_CD	CHAR	1
Health Care Delivery Program Enrollment Fee Payment Plan Type Code	HCDP_FPMT_PLN_TYP_CD	CHAR	1

Attribute Name	Field Name	Data Type	Field Length
Health Care Delivery Program Enrollment Fee Payment Exception Reason Code	HCDP_FPMT_EXC_RSN_CD	CHAR	1
Health Care Delivery Program Enrollment Fee Payment Calendar Date	HCDP_FPMT_DT	DATE	8
Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date	HCDP_FPMT_THRU_DT	DATE	8
Health Care Delivery Program Enrollment Year Fee Payment Amount	HCDP_EY_FPMT_AM	CHAR	8
Health Care Delivery Program Contractor Code	HCDP_CNTC_CD	CHAR	2
Error Code	ERR_CD	CHAR	11

9.2.1.19. CHCS Output File

The naming convention for this file will be **CCYYMMDD.999.GOLD**, where CCYYMMDD is the date the file was created and 999 refers to the DEERS Direct Access Composite Health Care System Code (CHCS Node Name).

Attribute Name	Field Name	Data Type	Field Length
Transfer Type Code	XFER_TYP_CD	CHAR	3
Transfer Version Identifier	XFER_VRSN_ID	NUMBER	2
Transfer Effective Calendar Date	XFER_EFF_DT	DATE	8
Transfer Effective Time	XFER_EFF_TM	TIME	6
Health Care Delivery Program System Identifier	HCDP_SYS_ID	NUMBER	7
DEERS Direct Access Composite Health Care System Code	DEERS_DA_CHCS_CD	NUMBER	3
Transfer Return Code	XFER_RT_CD	CHAR	3
Sponsor Patient Identifier	SPN_PTNT_ID	NUMBER	10
Sponsor Person Identifier	SPN_PN_ID	NUMBER	9
Sponsor Person Identifier Type Code	SPN_PN_ID_TYP_CD	CHAR	1
Sponsor Duplicate Identifier	SPN_DUP_ID	NUMBER	1
Member Category Code	MBR_CAT_CD	CHAR	1
Service Branch Classification Code	SVC_CD	CHAR	1
Pay Plan Code	PAY_PLN_CD	CHAR	5
Pay Grade Code	PG_CD	CHAR	2
Rank Code	RANK_CD	CHAR	6
Unit Identification Code	UNIT_ID_CD	CHAR	8
Sponsor Person Last Name	SPN_PN_LST_NM	CHAR	26
Sponsor Person First Name	SPN_PN_1ST_NM	CHAR	20
Sponsor Person Middle Name	SPN_PN_MID_NM	CHAR	20
Sponsor Person Cadency Name	SPN_PN_CDNCY_NM	CHAR	4
Sponsor Person Birth Calendar Date	SPN_PN_BRTH_DT	DATE	8
Sponsor Person Sex Code	SPN_PN_SEX_CD	CHAR	1
Patient Identifier	PTNT_ID	NUMBER	10
Person Identifier	PN_ID	NUMBER	9
Person Identifier Type Code	PN_ID_TYP_CD	CHAR	1
Legacy DEERS Dependent Suffix Code	LEG_DDS_CD	CHAR	2
Person Last Name	PN_LST_NM	CHAR	26
Person First Name	PN_1ST_NM	CHAR	20
Person Middle Name	PN_MID_NM	CHAR	20

Attribute Name	Field Name	Data Type	Field Length
Person Cadency Name	PN_CDNCY_NM	CHAR	4
Person Birth Calendar Date	PN_BRTH_DT	DATE	8
Person Sex Code	PN_SEX_CD	CHAR	1
Member Relationship Code	MBR_REL_CD	CHAR	1
Health Care Delivery Program Policy Enrollment Period Begin Calendar Date	HCDP_PEP_BGN_DT	DATE	8
Health Care Delivery Program Enrollment Management Contractor Code	HCDP_EMC_CD	CHAR	2
Health Care Delivery Program Plan Coverage Code	HCDP_PLN_CVG_CD	CHAR	3
Legacy Alternate Care Code	LEG_ALT_CARE_CD	CHAR	1
Primary Care Manager Region Code	PCM_RGN_CD	CHAR	2
Primary Care Manager Enrolling Division DMIS Identifier	PCM_EDVSN_DMIS_ID	NUMBER	4
Primary Care Manager Network Provider Type Code	PCM_PROV_TYP_CD	CHAR	1
Primary Care Manager Identifier	PCM_ID	NUMBER	18
Primary Care Manager Identifier Type Code	PCM_ID_TYP_CD	CHAR	1
Primary Care Manager License Identifier	PCM_LIC_ID	NUMBER	15
Primary Care Manager Name	PCM_NM	CHAR	40
Primary Care Manager Group Identifier	PCM_GRP_ID	NUMBER	19
Primary Care Manager Group Name	PCM_GRP_NM	CHAR	40
Primary Care Manager Telephone Number Code	PCM_TNUM_CD	CHAR	14
Primary Care Manager Mailing Address US Postal Region ZIP Code	PCM_MA_ZIP_CD	CHAR	5
Primary Care Manager Mailing Address US Postal Region ZIP Extension Code	PCM_MA_ZIPX_CD	CHAR	4
Primary Care Manager Selection Begin Calendar Date	PCM_SLCT_BGN_DT	DATE	8
Primary Care Manager Selection End Calendar Date	PCM_SLCT_END_DT	DATE	8
Primary Care Manager Selection End Reason Code	PCM_SLCT_ERSN_CD	CHAR	1
Prior Primary Care Manager Selection End Reason Code	PRIOR_PCM_SLCT_ERSN_CD	CHAR	1

9.3. Error Code Definitions

This code indicates if an error occurred while processing the record. If multiple errors occurred on one record, the error numbers are added together. These error codes are only applicable to the TRICARE NED data conversion.

Error Code	Variable Name	Error Description
E0000000000	errOk	No errors found. This record is valid.
E0000000001	errBnfryNotFound	The person identification information could not be matched to a beneficiary on the Master Key file.
E0000000002	errInvDt	One of the date fields in invalid.
E0000000004	errInvPcmEdvsnDmisId	The PCM Enrolling Division DMIS Identifier could not be found on the Vector Research DMIS file.
E0000000008	errInvMoney	A field containing a monetary value is invalid.
E0000000016	errInvSpnStatus	The Sponsor Status contains an invalid value.
E0000000032	errInvAltCareFlag	The Alt-Care Flag contains an invalid value.
E0000000064	errInvPcmCd	The PCM Code contains an invalid value.
E0000000128	errInvPcmIdTypCd	The PCM Identifier Type Code contains an invalid value.
E0000000256	errInvHcdpIndFwvrRsnCd	The HCDP Individual Fee Waiver Reason Code contains an invalid value.
E0000000512	errInvHcdpCntcCd	The HCDP Contractor Code contains an invalid value.
E0000001024	errInvFamIndCd	The Family Indicator Code contains an invalid value.
E0000002048	errInvHcdpFpmtPlnTypCd	The HCDP Fee Payment Plan Type Code contains an invalid value.
E0000004096	errInvHcdpFpmtExcRsnCd	The HCDP Fee Payment Exception Reason Code contains an invalid value.
E0000008192	errInvEnrlPd	The enrollment period is invalid (that is, start dates after end date).
E0000016384	errBnfryNotEligible	The beneficiary is not eligible for this enrollment based on the Assigned HCDP.
E0000032768	errMcscNotReconcile	The MCSC records for this family are not reconciled within this contract.
E0000065536	errMultIndRecs	There are multiple MCSC Individual Enrollment records where the PCM Selection Begin Date is not in the future.
E0000131072	errMissingOrInvIndRecs	There are no valid MCSC Individual Enrollment records for an MCSC Fee Payment record.
E0000262144	errMissingOrInvFeeRecs	There are no valid MCSC Fee Payment records for an MCSC Individual Enrollment record.
E0000524288	errMcscWoDeers	An MCSC enrollment exists without a matching DEERS enrollment.
E0001048576	errInvBnfCombination	The combination of member codes and benefit codes has no Assigned HCDP.
E0002097152	errSubscriberRoleCd	HCDP Person Role Code is not allowed to be Subscriber only.
E0004194304	errChcWoDc	A beneficiary has a CHC Benefit record without a matching DC Benefit record.
E0008388608	errInvDmisIdAcFlagPcmCdComb	The PCM Enrolling Division DMIS ID, Alt-Care Flag, PCM Code combination is invalid based on Additional NED DC Specs Table 2.3
E0016777216	errInvPnBrthDt	The Alt-Care Flag is ‘U’ and the Person Birth Date is invalid.
E0033554432	errCurrBeforeHist	The current Alt-Care segment from the DEERS record begins before one of the Alt-Care history segments
E0067108864	errHistWoCurr	An Alt-Care history segment exists without a current Alt-Care segment from the DEERS record.

Error Code	Variable Name	Error Description
E0134217728	errMcscIsHist	The MCSC Individual Enrollment or Fee Payment record is history or became history because of changes made due to conflicts with DEERS data.